Print Form

MISSOURI PROPANE SAFETY COMMISSION

Successful Participants of Certified Propane Safety Training Program

(Complete entirely and type or print legibly.)

Training Organization: _____ Address, City, State, Zip: _____ Phone Number: ( )_____

Trainer: _____ Email: _____ Phone Number: ( )_____

Specific Name of Approved Certification Training Program*: ☐ Basic Principles & Practices ☐ Dispensing Propane Safely ☐ Application Service HVAC ☐ _____

	Participant Information		Employer Information				
	Full Name (Last, First, MI)	Exam Score	Name	LPG Registration Number	Address	City	State
1		%					
2		%					
3		%					
4		%					
5		%					
6		%					
7		%					
8		%					
9		%					
10		%					
11		%					
12		%					
13		%					
14		%					
15		%					
16		%					
17		%					
18		%					

**Course must be pre-approved by the director of the inspection authority (MPSC), per 2 CSR 90- 10.012 Registration-Training.*

I certify that the above individuals successfully completed the certified training program named above on _____, 20_____.

_____ _____ _____

Signature of Trainer or Training Coordinator | Printed Name of Trainer or Training Coordinator | Date

Send completed form to: **Missouri Propane Safety Commission, 4110 Country Club Dr., Ste. 200, Jefferson City, MO 65109-0302.**